FORM D

" UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION



1318420

Name of Offering	(☐ check if this is an a	mendment and name	has changed, and i	ndicate change.)			
Units of Membership	p interests in Susqueha	nna Land Transfers,	LLC				
Filing Under (Check b	pox(es) that apply):	☐ Rule 504	☐ Rule 505		☐ Section	on 4(6)	JLOE
Type of Filing:	New Filing	☐ Amendment			į	era(ID)	5.14.0.
	-	A. BASI	CIDENTIFICAT	ION DATA	1	FEB 1	5 2005
1. Enter the inform	ation requested about the	eissuer			i i		
Name of Issuer	check if this is an ar	nendment and name h	nas changed, and in	dicate change.	2) 1		1085
Susquehanna Land	Transfers, LLC						1000
Address of Executive	Offices		(Number and Stre	et, City, State, Zip C	ode) Telep	hone Number ((Including Area Code)
485 St. John's Chur	ch Road, Shiremanstow	n, PA 17011			717-9	109-3101	
Address of Principal (Offices		(Number and Stre	et, City, State, Zip C	ode) Telep	hone Number ((Including Area Code)
(if different from Exec	cutive Offices)					0 /	DDAARAA
Brief Description of B	usiness: Title Insu	ance and Settlemen	t services		· -	1	. LOCESSEI
						_1	FED 9 9 900PF
Type of Business Org	ganization						1 FD 5 6 5003
	corporation	☐ limited p	partnership, already	formed	🛛 other (p	lease specify)	THOMSON
	its of Membership interests in Susquehanna Land Transfers, LLC Ing Under (Check box(es) that apply):	FINANCIAL					
			Month	Yea	ar		3.01/L
Actual or Estimated D	Date of Incorporation or C	rganization:	0 8	20	04		Estimated
Jurisdiction of Incorpo	oration or Organization:	Enter two-letter U.S. I	Postal Service Abbr	eviation for State;			
		С	N for Canada; FN fo	or other foreign jurise	diction)	D E	:

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 										
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	☑ General and/or Managing Partner					
Full Name (Last name first, i	if individual):	Secured Land Trans	fers, Inc. (Managing Memb	oer)						
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de): 1814 E Main St., V	Vynesboro, PA						
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, i	if individual):	**** ·								
Business or Residence Address (Number and Street, City, State, Zip Code):										
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual):										
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de):							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, i	if individual):			-						
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de):		out each to					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual):									
Business or Residence Addi	ress (Number and	Street, City, State, Zip Co	de):							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, i	if individual):			.,,	11.4m (Vil.) 2					
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de):							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual):		- 1-10-17							
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de):							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual):		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1							
Business or Residence Add	ress (Number and	I Street, City, State, Zip Co	de):							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					

A. BASIC IDENTIFICATION DATA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

B. INFORMATION ABOUT OFFERING													
1. Ha	as the issue	r sold, or c	does the is	suer inten			edited inve					⊠ Yes	□ No
What is the minimum investment that will be accepted from any individual?										\$ <u>7</u> \$	50.00		
3. Do	B. Does the offering permit joint ownership of a single unit?										⊠ Yes	□ No	
ar off an	nter the info by commissi fering. If a p id/or with a sociated pe	on or simil person to t state or sta	lar remune be listed is ates, list th	ration for s an associ e name of	solicitation ated perso f the broke	of purcha in or agent r or dealer	sers in cor t of a broke . If more t	nection wi er or deale han five (5	ith sales or r registere b) persons	f securities d with the to be liste	s in the SEC d are		
Full Na	me (Last na	me first, if	individual) Mu	ltitrade Se	curities,	LLC						
Busines	ss or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip	Code)	New Yor	k, New Yo	ork			
Name o	of Associate	d Broker o	or Dealer									•	
(C	in Which Pe	tates" or ch	neck indivi	dual State	s)					_			☐ All States
[AL]				_						☐ [GA]	[HI]		
				☐ [KY]					_			☐ [MO]	
☐ [RI]	[NE]		[HN] □ [TN]	[XT] 🔲 :	[NM] □ [UT]	[VN]	□ [VA]	[ND][WA]		□ [WI]	☐ [OR] ☐ [WY]		
Full Na	me (Last na	ame first, if	individual)									3
Busine	ss or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip	Code)						
Name o	of Associate	ed Broker o	or Dealer										
	in Which Pe												☐ All States
☐ [AL]	☐ [AK]	□ [AZ]	☐ [AR]	☐ [CA]	□ [CO]		□ [DE]		□ [FL]	□ [GA]	☐ (HI)	□ [ID]	
	□ (IN)	□ [IA]	[KS]	□ [KY]	[LA]	☐ [ME]	☐ [MD]	☐ [MA]	☐ [MI]	☐ [MN]	☐ [MS]	☐ [MO]	
] [NE]	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]		□ [ND]	□ [OH]	□ [OK]	□ [OR]	☐ [PA]	
☐ [RI]	□ [sc]	☐ [SD]	□ [TN]	□ [TX]	[TU]		[VA]	[WA]		[WI]	□ [WY]	☐ [PR]	
Full Na	me (Last na	ame first, if	individual)									
Busine	ss or Reside	ence Addr	ess (Numb	er and Str	reet, City, S	State, Zip	Code)				. 4 **1		
Name o	of Associate	ed Broker o	or Dealer										
	in Which Pe												☐ All States
[AL]		_			[CO]					☐ [GA]	[HI]	□ [ID]	
	□ [IN]	□ [IA]	□ [KS]	☐ [KY]	☐ [LA]	☐ [ME]	☐ [MD]	[MA]	[MI]	☐ [MN]	☐ [MS]	☐ [MO]	
] [NE]	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]	☐ [NC]	□ [ND]	□ [OH]	□ [OK]	□ [OR]	□ [PA]	
☐ [RI]	□ (SC)	□ısdı	☐ ITNI	ואדו 🗆	ודטז 🗆		□ IVA1	□ IWA1		□wii			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A	ND US	SE OF PROCE	EDS	_
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	(Aggregate Offering Price		Amount Already Sold
	Debt	\$		\$	0
	Equity	\$	0	\$	0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$	0	<u>\$</u>	0
	Other (Specify) limited liability company interests)	\$	43,327.50	\$	43,327.50
	Total	\$	43,327.50	\$	43,327.50
	Answer also in Appendix, Column 3, if filing under ULOE				_
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount Of Purchases
	Accredited Investors		11	\$	31,327.50
	Non-accredited Investors	·	16	\$	12,000
	Total (for filings under Rule 504 only)		0	\$	0
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C–Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		n/a	\$	n/a_
	Regulation A		n/a	\$	n/a_
	Rule 504		n/a	\$	n/a
	Total		n/a	\$	n/a
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🛘	\$	0
	Printing and Engraving Costs		🗆	\$	0_
	Legal Fees		🛛	\$	7,750
	Accounting Fees		🗆	\$	0
	Engineering Fees		🗆	\$	0
	Sales Commissions (specify finders' fees separately)		🛛	\$	11,000
	Other Expenses (identify))		🗆	\$	0_
	Total		I ⊠	e	19 750

C. OFFERING PRICE, NUMBI	ER OF INVESTORS, EXPE	NSES A	ND USE OF	PROC	EED	S .	
Enter the difference between the aggregate offering Question 1 and total expenses furnished in response to ladjusted gross proceeds to the issuer."	Part C-Question 4.a. This differen	ce is the			<u>\$</u>	_	24,577.50
Indicate below the amount of the adjusted gross proceed used for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate. The adjusted gross proceeds to the issuer set forth in residual control of the control of the interest forth in residual control of the con	any purpose is not known, furnish he total of the payments listed mul	an st equal	Payments Officers, Directors Affiliates	&		Pa	ayments to Others
Salaries and fees			\$	0		\$	0
Purchase of real estate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$	0		\$	0
Purchase, rental or leasing and installation of ma	chinery and equipment		\$	0		\$	0
Construction or leasing of plant buildings and fact Acquisition of other businesses (including the value)	ue of securities involved in this		\$	0		8	0
offering that may be used in exchange for the ass			\$	0		\$	0
Repayment of indebtedness			\$	0		\$	0
Working capital			3	0	×	\$	24,577.50
Other (specify):			\$	0		\$	0
			\$	0		\$	0
Column Totals			\$	0	Ø	\$	24,577.50
Total payments Listed (column totals added)				\$		24,577.5	10
This issuer has duly caused this notice to be signed by the uponsiliutes an undertaking by the issuer to furnish to the U.S by the issuer to any non-accredited investor pursuant to para	i. Securities and Exchange Commingraph (b)(2) of Rule 502.	. If this no	tice is filed under written request	of its s	taff, the	informa	tion furnished
ssuer (Print or Type)	Signature /	111	7	Da	"Z-	14-	os-
Susquehanna Land Transfers, LLC Name of Signer (Print or Type)	Title of Signer (Print or Type)						
W.P. Dembiec Jr.	Senior VP, General Couns	el Assi	stant Secret	ary			
	ATTENTION						
Intentional misstatements or omiss	sions of fact constitute federal ci	iminal vio	lations. (See 18	U.S.C.	. 1001.)		

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D
 (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be enlitted to the Uniform limit ed Offering Exemption (ULOE) of the state in which this notice is filed and understands that the Issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature /	Dates 14 5				
Susquehanna Land Transfers, LLC	- Con	2-14-03				
Name of Signer (Print or Type)	Title of Signer (Print or Type)					
W.F. Dembier Jr.	Senior VP, General Counsel Assistant Secretary	·				

Instruction:

Print the names and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manual not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APF	PENDIX						
								1			
1	Intend to non-a investors	to sell coredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AK											
AZ							114 ₀ .				
AR			The state of the s								
CA									_		
со		_									
СТ											
DE											
DC											
FL											
GA			<u> </u>				- ,				
HI											
ID											
IL											
IN											
IA											
KS											
KY											
LA											
ME											
MD											
MA											
MI											
MN											
MS											
MO											

				APF	PENDIX		Alvarreto, Rudos			
	,									
1	2	2	3		4					
	to non-a		Type of security and aggregate offering price offered in state (Part C – Item 1)		Disquali under Sta (if yes, explana waiver g (Part E –	te ULOE attach ition of ranted)				
State	Yes	No	limited liablity company interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
MT								<u> </u>		
NE										
NV										
NH										
NJ										
NM							-			
NY										
NC										
ND										
ОН										
ок										
OR										
PA	X		\$43,327.50	11	\$31,327.50	16	\$12,000		X	
RI										
sc										
SD	_								-	
TN										
TX								-	-	
UT	1									
VT									<u> </u>	
VA										
WA								<u> </u>		
wv							<u></u>	-		
WI										
WY										
Non- US										